

# City of London

## COVID-19 Health Assessment



This screening questionnaire must be completed before you will be permitted to enter a City of London Arena.

**1. Do you have any of the following symptoms (new or existing) that are not related to seasonal allergies pre-existing health conditions?**

	YES	NO
Fever (38.80C or greater)		
Chills		
Cough		
Shortness of Breath		
Sore Throat		
Difficulty Swallowing		
Runny, Stuffy or congested nose		
Unexplainable fatigue		
Unexplainable muscle aches		
Unusual or long lasting headache		
Digestive issues like nausea/vomiting, diarrhea, stomach pain		
Loss of Smell or taste		
Pink eye		

**2. In the last 14 days have you.....**

	YES	NO
Been in close contact with someone who tested positive for COVID-19		
Travelled outside of Canada		
Been in close physical contact with someone who either is sick with symptoms listed above OR returned from outside of Canada in the last 2 weeks with symptoms listed above		

**If you answer "NO" to all the questions, you have passed the screening and can enter the arena.**

**If you answer "YES" to any of the questions, please delay your visit and consider visiting your health care provider.**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

The City of London is asking that you voluntarily disclose your name and phone number when you attend one of its recreation or community facilities. If there is a report of an active case of COVID-19 and that person was in the facility while you were in attendance, you will be contacted-to advise that you may have been exposed to COVID-19.

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25*, and will only be used to contact you for contact tracing purposes in the event of a COVID-19 outbreak at this facility. Whether or not used, you agree that the City of London can destroy your personal information after 21 days. **In the event of an outbreak, you agree that the City of London may disclose your name and telephone number to the Middlesex London Health Unit for contact tracing purposes.** Questions about this collection should be addressed to the Supervisor of Customer Service, Tel: 519-661-2489- ext 5579, email: [Recreation@london.ca](mailto:Recreation@london.ca)